

Name of Offering

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

(check if this is an amendment and name has changed, and indicate change.)

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Number:

3235-0076

Expires:

Estimated average burden hours per response. 16.00

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Prefix	ı	Serial	
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	060	49960	

Gallium Technologies, LLC, Convertible Notes Offering	
Filing Under (Check box(es) that apply):	06049960
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Gallium Technologies, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
105 Berrington Court, Richmond, VA 23221	(866) 777 - 7576
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
same	same
Brief Description of Business	_a PHOCESSED
Provides accounts receivables software and software support services to businesses.	PROCESSED OCT 2 6 2000
Type of Business Organization	2 0 2000
corporation limited partnership, already formed other (ability company ability company
Month Year	mated

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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		A. BASIC II	DENTIFICATION DATA		李·伊克·尼亚 (李) (1984年11月日)
2. Enter the information re	equested for the fo	llowing:			
•		-	within the past five years;		
		•			a class of equity securities of the issuer.
		•	of corporate general and ma	inaging partners of	partnership issuers; and
Each general and it	nanaging partner o	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, NexTran Holdings, Inc.	f individual)	•			
Business or Residence Addre 105 Berrington Court, Ri	*		Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre P.O. Box 8692, Richmond	,	Street, City, State, Zip C	Code)	-	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Greer, Brian	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)	·	
6719 Thicket Place, Sand	dston, VA 23150	l .			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Finstad, Taber	f individual)				
Business or Residence Addre P.O. Box 614, Mechanic		•	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Manuging Partner
Full Name (Last name first,	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)	•	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		* •		
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)	· ·	

•	37.3		Para M.		B. (11)	NFORMATI	IONABOU	T, OFFERI	NG [4]		TERR		
												Yes	No
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									,		×	
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?											c 50,	00.00	
2.	whatis	ine minim	um invesim	ient that w	in be acce	pteu from a	my marvia	uar:			••••••	Yes	No
3.	Does the	e offering	permit joint	t ownershi	p of a sing	le unit?	***************************************			******		ĸ	
4.	Enter th	e informat	ion request ilar remune	ed for eac	h person w	ho has bee	n or will b	e paid or p	given, dire	ctly or ind	irectly, any		
	If a pers	on to be lis	ted is an ass	ociated pe	rson or age	nt of a brok	er or deale	r registered	l with the S	EC and/or	with a state		
	or states	, list the na	ime of the b you may so	roker or de	ealer. If mo	ore than five	(5) persor broker or (is to be list dealer only	ed are asso	ciated pers	ons of such		
Ful			first, if indi										
No	t applical	ble											
Bus	iness or l	Residence	Address (N	umber and	d Street, Ci	ty, State, Z	(ip Code						
Nar	ne of Ass	ociated Br	oker or Dea	aler					• • •				
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit							
	(Check	"All States	or check	individual	States)				******************		•••••	☐ Al	States
	AL	[AK]	AZ	[AR]	CA	[CO]	[CT]	DE	DC	FL	[GA]	HI	ĪD
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	<u>WI</u>	WY	PR
Ful	l Name (I	Last name	first, if indi	ividual)			_		 				
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State, a	Zip Code)		<u> </u>		· - ··-		
N		anintud Da	oker or Dea	-1						 			
ivai	ne or Ass	ociated bi	oker or De	μιζι									
Star			Listed Has										
	(Check	"All States	or check	individual	States)		***************************************			**************			States
	AL	AK	AZ	AR	CA	CO	(CT)	DE	DC	FL	GA	HI	ID
	IL	[N]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ.	NM UT	ŇÝ VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
									31.15				
Put	i Name (i	Last name	first, if indi	(Vidual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, I	Zip Code)						
Nar	ne of Ass	sociated Br	oker or De	aler		···							
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Check "All States" or check individual States)										☐ A1	States		
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH) WV	OK WI	OR WY	PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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ι.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)	950,000.00	175,000.00 \$
	Partnership Interests		S
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	3	\$ <u>175,000.00</u>
	Non-accredited Investors	0 .	
	Total (for filings under Rule 504 only)	3	s 175,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		\$
	Rule 504	N/A	\$ 0.00
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_8,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$_8,000.00

	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$942,000.00
5,	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$	\$
	Purchase of real estate] \$	<u></u> \$
	Purchase, rental or leasing and installation of machinery and equipment] \$	s
	Construction or leasing of plant buildings and facilities	\$	S
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)] s	s
	Repayment of indebtedness	_	_
	Working capital	§ 942,000.00	\$
	Other (specify):] s	
]\$	<u></u> \$
	Column Totals	\$_942,000.00	\$_0.00
	Total Payments Listed (column totals added)	□ \$ <u>94</u>	2,000.00
_	D. FEDERAL SIGNATURE		副报报报
igi	eissuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor parsuant to paragraph (b)(2) of R	sion, upon writter	
ssı	ier (Print or Type)	Date	
Ga	illium Technologies, LLC	10/12/01	06
سداد	ne of Signer (Print or Type) Title of Signer (Print or Type)		Δ

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SÎGNAȚURE	इस्ते भा	्रम्≇ हिंसे पंद्राप्त
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes _	No 🔀

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

auty authorized person	/ XII	
Issuer (Print or Type)	Mgnature	Date 1
Gallium Technologies, LLC		10/12/06
Robert K. Kallan Jr.	Attorney A	Morized signatory
	8	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

			,	A	PPENDIX			÷	
•	Intend to non-a investor	2 I to sell accredited is in State (-Item I)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)			Disqual under Sta (if yes, explan waiver	lification lification atte ULOE attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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АK] [
ΛZ									
AR									
СА	;								
СО									
СТ									T
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MD		×	Convertible Notes \$950,000,00	2	\$125,000.00	0	\$0.00		×
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МІ									
MN									
MS						-			

				APP	ENDIX		1 .			
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security I to sell and aggregate ceredited offering price offered in state		Disque under S aggregate ag price d in state Disque under S (if ye expla amount purchased in State Disque under S (if ye expla expla waive		Type of security and aggregate offering price offered in state Type of amount put		Disquali under Sta (if yes, explana waiver (Part E-	ite ULOE attach ition of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО										
МТ			•							
NE								_		
NV										
NH										
ГИ										
NM		_,						-		
NY										
NC								Ī,		
ND						`		T	T	
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SC										
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TN										
TX								 		
UT										
VT									<u> </u>	
VA		×	Convertible Notes \$950,000,00	1	\$50,000.00	0	\$0.00		×	
WA							·			
wv							-			
WI					-					
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1	,,	2	3	Disqua			4					
	to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State			amount		amount purchased in State			ate ULOE , attach ation of granted) -Item I)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY												
PR												